



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

FILED  
06 JUL 28 PM 3:13  
JANET A. SABAUGH  
MACOMB COUNTY CLERK  
MACOMB, MICHIGAN

FOR OFFICIAL USE ONLY

<p>3. This Statement covers From: <u>12-31-05</u> To: <u>7-23-06</u> Mo Day Year Mo Day Year</p>	
<p>1. Committee I.D. Number <u>135331-50</u></p>	<p>4. Candidate Last Name <u>SENSTOCK</u> First Name <u>JAMES</u> M.I. _____</p>
<p>2. Committee Name <u>COMMITTEE TO ELECT</u> <u>JAMES SENSTOCK</u></p>	<p>4a. Office Sought Including District # or Community Served (If applicable) <u>COMMISSIONER DISTRICT #18</u></p> <p>4b. County of Residence <u>MACOMB</u> Driver License # (Optional) _____</p>
<p>5. Committee's Mailing Address <u>31698 SAN JUAN</u> <u>HARRISON TWP, MI 48045</u> Area Code and Phone <u>(586) 463-9150</u></p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p>	<p>6. Treasurer's Name &amp; Residential Address <u>JAMES SENSTOCK</u> <u>31698 SAN JUAN, HARRISON TWP MI 48045</u> Area Code &amp; Phone <u>(586) 463-9150</u> Driver License # (Optional) _____</p>
<p>7. Treasurer's Business Address <u>JAMES SENSTOCK</u> <u>31698 SAN JUAN</u> <u>HARRISON TWP MI 48045</u> Area Code and Phone <u>(586) 463-9150</u></p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone ( ) _____ Driver License # (Optional) _____</p>

**9. TYPE OF STATEMENT**

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

8-8-06  
Month Day Year

9c. ☐ Annual Statement ( Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper JAMES SENSTOCK  
Type or Print Name

Signature

Date 7/28/06  
Mo Day Year

Candidate JAMES SENSTOCK  
Type or Print Name

Signature

Date 7/28/06  
Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 135331-50

2. Committee Name COMMITTEE TO ELECT

JAMES SENSTOCK

STATEMENT 12/31/05 THRU 7-23-06

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1110.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ _____	
c. Subtotal of "Contributions"	(3c.) \$ <u>1110.00</u>	(18.) \$ <u>1110.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1110.00</u>	(20.) \$ <u>1110.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>2436.28</u>	(21.) \$ <u>2436.28</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>-0-</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>-0-</u>	(23.) \$ <u>-0-</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>4870.41</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>200.63</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1110.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1310.63</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>0</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1310.63</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.  
All required schedules must be included with this statement. \*If your ending balance is negative, please recheck your math.  
CFR Rev 7/1999c-sum Authority granted under P.A. 388 of 1976



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50  
2. Committee Name CTE JAMES JENSTOL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.				6. Amount	7. Cumulative for Election Cycle for E: Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: <u>LAWRENCE MISLINSKI</u>					
Address: <u>32745 SIVER RD</u> <u>NARRISON TWP MI 48045</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: <u>VIJAY PARAKH</u>					
Address: <u>43759 CRAWFORD</u> <u>CANTON MI 48187</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation <u>BLOG DIRECTOR</u> Employer <u>HARRISON TOWNSHIP</u>					
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: <u>WALTER GRAVES</u>					
Address: <u>27765 MORAN</u> <u>NARRISON TWP MI 48045</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser					
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt			
Name: <u>MIKE &amp; MARLENE SESSA</u>					
Address: <u>29559 RIVERSIDE BAY CT</u> <u>NARRISON TWP MI 48045</u>					
5. If over \$100.00 cumulative, please provide:					
Occupation _____ Employer _____					
Business Address _____					
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser					
Page Subtotal					
Grand Total of All Schedules 1A (Complete on last page of Schedule)					
				<u>675.00</u>	

Enter this total on  
line 3a of  
Summary Page



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50  
2. Committee Name CTE JAMES SENSTOL

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for E Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/15/06</u> Name: <u>ISIDORE &amp; LORRAINE CIRIANO</u> Address: <u>31074 SAN JUAN HARRISON TWP MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	100.00	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/17/06</u> Name: <u>GRACE &amp; JACK POTDSKI</u> Address: <u>41401 BAYHAVEN HARRISON TWP MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/19/06</u> Name: <u>MARION KRAEMER</u> Address: <u>54148 BUCCANEERS BAY SHELBY TWP MI 48316</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/19/06</u> Name: <u>ROLANDO FRASCHETTI</u> Address: <u>22613 CORTEVILLE ST CLAIR SHORES MI 48081</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	25.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		200.00	

Enter this total on  
line 3a of  
Summary Page



ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50  
2. Committee Name CTE JAMES SENSTOCK

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for E: Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/19/06</u> Name: <u>BILL ORCHARD</u> Address: <u>28734 ASHLAND</u> <u>HARRISON TWP MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	50.00	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/19/06</u> Name: <u>CTE JAMES ULINSKI</u> Address: <u>39295 RIVERCREST</u> <u>HARRISON TWP MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/19/06</u> Name: <u>MIKE RICE</u> Address: <u>31789 N RIVER RD</u> <u>HARRISON TWP MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	30.00	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/19/06</u> Name: <u>CTE SHARON EISENMAN</u> Address: <u>39765 CHART</u> <u>HARRISON TWP MI 48045</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	75.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		185.00	

Enter this total on  
line 3a of  
Summary Page

**ITEMIZED CONTRIBUTIONS**  
**SCHEDULE 1A**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number 135331-50  
2. Committee Name CTE JAMES SENSTOCK

<p>Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.</p>		6. Amount	7. Cumulative for Election Cycle for E Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt      <u>7/22/06</u></p> <p>Name:      <u>JIM RINI</u></p> <p>Address:      <u>38855 HARPER, CLINTON TWP MI 48036</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input checked="" type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>	<p>50.00</p>		
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt</p> <p>Name:</p> <p>Address:</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt</p> <p>Name:</p> <p>Address:</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt</p> <p>Name:</p> <p>Address:</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct      <input type="checkbox"/> Loan from a person      <input type="checkbox"/> Fund Raiser</p>			
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>		<p>50.00</p> <p>1110.00</p>	

Enter this total on  
line 3a of  
Summary Page

**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-IK  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 135 331-50  
2. Committee Name COMMITTEE TO ELECT JAMES SENSTOCK

Name and Address from whom received	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<p>contribution is from an individual, enter last name first. Check box to indicate if contribution from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.</p> <p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: <u>31698 SAN JUAN</u> <u>HARRISON TWP MI 48045</u> Over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>PRINTING INK</u></p> <p>5. Date Of Receipt: <u>2/26/06</u></p> <p>6. Vendor Name &amp; Address: <u>STAPLES</u> <u>31800 GRATIOT ROSEVILLE MI 48066</u></p>	18.01	
<p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: <u>31698 SAN JUAN</u> Over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>VINYL STICKERS</u></p> <p>5. Date Of Receipt: <u>7/7/06</u></p> <p>6. Vendor Name &amp; Address: <u>HEATH PRESSING</u> <u>9934 FERNLEE ROYAL OAK MI 48073</u></p>	179.50	
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: Over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>CAMPAIGN MAILERS</u></p> <p>5. Date Of Receipt: <u>7/5/06</u></p> <p>6. Vendor Name &amp; Address: <u>MANNATTON MAILERS</u> <u>51132 MIDLAND DR MACOMB MI 48042</u></p>	1336.48	

Page Subtotal  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

1533.99

Enter this total  
on line 6 of  
Summary  
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MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-IK  
CANDIDATE COMMITTEE

1. Committee I. D. Number 135331-50  
2. Committee Name COMMITTEE TO ELECT JAMES SENSTOCK

Name and Address from whom received	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
<p>contribution is from an individual, enter last name first. Check box to indicate if contribution from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.</p> <p>Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: <u>31698 SAN JUAN</u> <u>HARRISON TWP MI 48045</u> over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>LAYOUT CAMPAIGN FLYER</u> 5. Date Of Receipt: <u>7/11/06</u> 6. Vendor Name &amp; Address: <u>ANDREA CANNISTAR</u> <u>846 NORSOTA WAY SARASOTA FL</u> <u>34242</u></p>	150.00	
<p><input type="checkbox"/> Fund Raiser Contribution</p> <p>Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>LABELS &amp; PAPER</u> 5. Date Of Receipt: <u>7/10/06</u> 6. Vendor Name &amp; Address: <u>STAPLES</u> <u>31900 GRATIOT ROSEVILLE MI 48066</u></p>	20.31	
<p><input type="checkbox"/> Fund Raiser Contribution</p> <p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER</u> 5. Date Of Receipt: <u>7/19/06</u> 6. Vendor Name &amp; Address: <u>PIER III</u> <u>39504 JEFFERSON HARR TWP MI 48045</u></p>	81.60	
<p><input type="checkbox"/> Fund Raiser Contribution</p>			

Page Subtotal  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

251.91

Enter this total  
on line 6 of  
Summary  
Page





MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-K  
CANDIDATE COMMITTEE

1. Committee I. D. Number 135331-50  
2. Committee Name COMMITTEE TO ELECT JAMES SENSTOCK

Name and Address from whom received contribution is from an individual, enter last name first. Check box to indicate if contribution from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: <u>31698 SAN JUAN</u> <u>HARRISON TWP MI 48045</u> over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>MILEAGE 500MI @ .485 MI</u> 5. Date Of Receipt: <u>7/23/06</u> 6. Vendor Name & Address:	242.50	
Fund Raiser Contribution Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>FUNDRAISER TICKET</u> 5. Date Of Receipt: <u>6/21/06</u> 6. Vendor Name & Address: <u>RTB JAMES ULINSKI</u> <u>39295 RIVERCREST HARR TWP 48045</u>	100.00	
Fund Raiser Contribution Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>JAMES SENSTOCK</u> Address: over \$100.00 cumulative, please provide: Occupation: Employer: Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>POSTAGE</u> 5. Date Of Receipt: <u>7/10/06</u> 6. Vendor Name & Address: <u>ROSEVILLE POST OFFICE</u> <u>ROSEVILLE MI 48066</u>	92.28	

Page Subtotal  
Grand Total of all Schedules 1-K  
(Complete on last page of Schedule)

434.78

Enter this total  
on line 6 of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-IK  
CANDIDATE COMMITTEE

1. Committee I. D. Number

135331-50

2. Committee Name

COMMITTEE TO ELECT JAMES SENSTOCK

Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 Name: JAMES SENSTOCK Address: 31698 SAN JUAN HARRISON TWP MI 48045 Over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: BUSINESS CARDS 5. Date Of Receipt: 7/16/06 6. Vendor Name & Address: DIGITAL GRAPHICS PRINTING 205 MONTGOMERY AVE SARASOTA, FL 34243	215.60	
Contribution # 2 Name: Address: Over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: 5. Date Of Receipt: 6. Vendor Name & Address:		
Contribution #3 Name: Address: Over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description: 5. Date Of Receipt: 6. Vendor Name & Address:		

Page Subtotal  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

215.60

2436.28

Enter this total  
on line 6 of  
Summary  
Page



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number

135 331- 50

2. Committee Name

CTE JAMES SENSTOCK

STATEMENT 11/22/04 thru 12/31/05

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to <u>James Senstock</u>  <u>JAMES SENSTOCK</u> <u>31698 SAN JUAN</u> <u>HARRISON TWP MI 48045</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>IN-KIND</u> Code _____ 5. Date Debt Was Incurred: <u>6-2-04 thru 7-18-04</u> 6. Original Amount of Debt: \$ <u>3597.85</u>	<u>101710%</u> <u>1700.00</u> _____ <u>11</u> \$ _____ <u>11</u> \$ _____ <u>11</u> \$ _____ <u>11</u> \$	\$ _____	\$ <u>1897.</u>  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to <u>James Senstock</u>  <u>JAMES SENSTOCK</u> <u>31698 SAN JUAN</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>IN KIND</u> Code _____ 5. Date Debt Was Incurred: <u>7/18/04 thru 11/22/04</u> 6. Original Amount of Debt: \$ <u>4.27</u>	<u>11</u> \$ _____ <u>11</u> \$ _____ <u>11</u> \$ _____ <u>11</u> \$ _____ <u>11</u> \$	\$ _____	<u>273.66</u>  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to <u>James Senstock</u>  <u>JAMES SENSTOCK</u> Corp? <input type="checkbox"/> Yes	4. Type: <u>IN-KIND</u> Code _____ 5. Date Debt Was Incurred: <u>6/5/04 thru 6/19/04</u> 6. Original Amount of Debt: \$ <u>176.46</u>	<u>11</u> \$ _____ <u>11</u> \$ _____ <u>11</u> \$ _____ <u>11</u> \$ _____ <u>11</u> \$	\$ _____	<u>176.46</u>  <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2347.5

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



**DEBTS AND OBLIGATIONS**  
**SCHEDULE 1E**  
**CANDIDATE COMMITTEE**

1. Committee I.D. Number

135 331- 50

2. Committee Name

CTE JAMES SENSTOCK

STATEMENT 11/22/04 THRU 12-31-05

This Schedule itemizes:

- a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.

Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.

4. Type of Obligation  
(Indicate type and you may assign an expenditure code)  
5. Indicate date debt was incurred  
6. Indicate original amount of debt

7. Date and amount of each payment

8. Cumulative payment to date on debt

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

Debt #1 Corp? ☐ Yes

Owed to by

JAMES SENSTOCK  
31698 SAN JUAN  
HARRISON TWP MI 48045

4. Type: IN-KIND

Code \_\_\_\_\_

5. Date Debt Was Incurred:

12/1/04 THRU 11/5/05

6. Original Amount of Debt:

\$ 86.16

1 1 \$

1 1 \$

1 1 \$

1 1 \$

1 1 \$

\$ \_\_\_\_\_

\$ 86.16

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Corp? ☐ Yes

Owed to by

JAMES SENSTOCK  
31698 SAN JUAN  
HARRISON TWP MI 48045

4. Type: IN-KIND

Code \_\_\_\_\_

5. Date Debt Was Incurred:

2/20/06 THRU 7/23/06

6. Original Amount of Debt:

\$ 2436.28

1 1 \$

1 1 \$

1 1 \$

1 1 \$

1 1 \$

\$ \_\_\_\_\_

2436.28

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Corp? ☐ Yes

Owed to or by:

4. Type:

Code \_\_\_\_\_

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$ \_\_\_\_\_

1 1 \$

1 1 \$

1 1 \$

1 1 \$

1 1 \$

\$ \_\_\_\_\_

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

2522.44

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

4870.41

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 135331-50  
2. Committee Name COMMITTEE TO ELECT JAMES SENESE

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held <u>7</u> <u>19</u> <u>06</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>22</u>	5. Type of Fund Raising Activity <u>PIZZA DINNER</u>	6. Address and Name (If any) of the place where the activity was held <u>PIER III</u> Private Residence
--	---	---	--

7. Total Contributions of \$20.00 or less 0

8. Total Contributions of \$20.01 or more 385.00

9. SUBTOTAL (Add lines 7 and 8) 385.00

10. Other Receipts - 0 -

11. Gross Receipts (Add lines 9 and 10) 385.00

12. Total Cost of Event\* 194.19

and All  
Made For the Event

\*Includes In-Kind Contributions  
Expenditures

13. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.